O.E.			Patent and <sup>1</sup>	Trademark Office: \	PTO/SB/21 (12-97) use through 9/30/00. OMB 0651-0031 J.S. DEPARTMENT OF COMMERCE			
/ <del>O &amp; \</del>	perwork Reduction Act of	1995, no persons are required to respon		nformation unless it	displays a valid OMB control number.			
NON 0 & 5000 B		Application Number	10/555,921					
		Confirmation Number	141	41 611	-46-11			
TRANSMI	ITTAL	Filing Date	with an effective filing date of May 26, 2004					
FORM		First Named Inventor	med Inventor Frederick Leslie BROWN					
(to be used for all correspondence after initial filing)		Group Art Unit						
		Examiner Name	Maurice L. Williams Fax: (571) 273					
Total No. of Pages in this Sul	bmission: 14	Attorney Docket Number CUNANT 1716US						
	-	ENCLOSURES (check all to	ENCLOSURES (check all that apply)					
■ Fee Transmittal Form (in Duplicate)	[1]	☐ Assignment papers (for an Application)		☐ After Allowance Communication to Group				
■ Fee attached - Check \$405		☐ Drawing(s)Annotated Sh Replacement Sh	neet(s)[]	☐ Appeal Communication to Board of Appeals and Interferences []				
■ Amendment/Response	[9]	Licensing-related Papers	• • •	☐ Appeal Communication to Group				
After Final		☐ Petition Routing Slip (PTO	-	(Appeal Notice, Brief, Reply Brief)				
☐ Affidavits/declaration(s)		and Accompanying Petition  (DELETED - no long	ו י	□ Proprietar	y Information []			
☐ Extension of Time Request [] (in Duplicate)		☐ To Convert a Provisional F	-		ter[] Enclosure(s)			
□ Express Abandonment	Request	☐ Power of Attorney, Revoca Change of Correspondence	ation	(please ide	entify below):			
□ Information Disclosure Stmt[]					Continued Examination			
☐ Certified Copy of Priority [] Document(s)		☐ Terminal Disclaimer	-	(RCE)	[1]			
☐ Response to Missing P Incomplete Application	art/s	☐ Request for Refund	0					
☐ Response to Missing Parts under 37 CFR 1.52 or 1.53								
REMARKS								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT								
Firm or Individual Name Michael J. Bujold Reg.					Reg. No. 32,018 USTOMER NO. 020210			
Signature	Au Cool (Isa)							
Date November 4, 2009								
CERTIFICATE OF MAILING								
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on November 4, 2009								
		11/00/	7					
Signature	" Mu	God Jage		Date: Nover	mber 4, 2009 (amp)			

PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). NON 0 & 5000

## Complete if Known

FEE TRANSMITTAL For FY 2008

Application No. Filing Date First Named Inventor Examiner Name

10/555,921 with an effective filing date of May 26, 2004 Frederick Leslie BROWN

Application claims small entity status. See 37 CFR 1.27					Art Unit		Maurice L. Williams 3611			
TOTAL A	AMOUNT OF PAYMENT: \$40	5.00			Attorney Docket	No.	CUNANT 1	CUNANT 1716US		
METHO	O OF PAYMENT (check all that	it apply)				_				
■ Check	Credit Card □Money Ord	er □None	☐ Other (please	identify):	`			· ·		
■ Depos	sit Account Deposit	Account N	umber <u>04-0213</u>		Deposit Account	Name: DAVI	IS & BUJOLD, P.L	L.C		
For the a	bove-identified deposit accour	nt, the Dire	ctor is hereby auth	norized to: (	check all that apply	·)				
	☐ Charge fee(s) indicated be	elow		☐ Charg	je fee(s) indicated l	pelow, except	t for the filing fee	1		
	■ Charge any additional fee under 37 CFR 1.16	(s) or unde 5 and 1.17	erpayments of fee(	s)  Credit	any overpayments	3				
WARNIN card info	G: Information on this form or mation and authorization of	may becon PTO-20	ome public. Cred 38.	lit card info	rmation should no	ot be include	d on the this form	n. Provide credit		
FEE CAL	CULATION									
1.	BASIC FILING, SEARCH, AI	ND EYAMI	NATION FEES							
1.	BASIC FILING, SEARCH, AI	FILING F		SEARCH	I FEES	FXAMINA	TION FEES			
	Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		Small Entity Fee (4)	Fees Paid (\$)		
	Utility	330	<u>165</u>	<u>1 σε (ψ)</u> 540	270		110	<u>Γ ces ι aiα (ψ)</u>		
	Design	220	110	100	50	140	70			
	Plant	220	110	330	165	170	85	-		
	Reissue	330	165	540	270		325			
	Provisional	220	110	0	0	0	0			
2.	EXCESS CLAIM FEES Fee Description Each claim over 20 (including			· ·	· ·	Fee (\$) 52	Small E Fee (\$) 26			
	Each independent claim over	r 3 (includi:	ng Reissues)			220 110				
	Multiple dependent claims	·				390	195			
	Total Claims -20 or HP =	Extra Cla	nims Fee (\$) x \$52/\$		Fee Paid (\$)	<u> </u>	Multiple Depender Fee (\$)	t Claims Fee Paid (\$)		
	Indep. Claims -3 or HP +	Extra Cla	x <u>Fee (\$)</u> x <u>\$220</u>	) )/\$110 =	Fee Paid (\$)	-				
	HP = highest number of inc	dependent	claims paid for, it	f greater tha	ın 3.					
3.	APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
	Total Sheets -100 =	Extra Sh	<u>eets</u> / 50 = <u>No. of</u>		onal 50 or fraction d up to a whole no	thereof <u>F</u> umber) x _	Fee (\$) \$270/\$135	Fee Paid (\$) =		
4.	OTHER FEE(S)	_						Fees Paid (\$)		
	Non-English Specification, \$130 fee (no small entity discount)									
	Other (e.g., late filing surch	arge): <u>Req</u>	uest for Continue	d Examinati	on ("RCE")			\$405.00		
SUBMIT	TED BY		0//-	0						
Signature		No.		Sall	V		Telephone (6	03) 226-7490		
Name (Print/Typ	pe) Michael	J. Bujolo	, 1		Registration No. (Atty/Agent) 32		Date: Novem	ber 4, 2009		

Telephone (603) 226-7490

Date: November 4, 2009

PTO/SB/17 (10-07)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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	Under the Paperwork Re	eduction Act	of 1995, no	persons are	e required to	respond to a collection	n of informat	ion unless	it displays a v	alia OMB control number	
Effective on 12/08/2004. Fees forward to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known						
FEE TRANSMITTAL FOR FY 2008  Applicant sims small entity status. See 37 CFR 1.27					Application No. Filing Date First Named Inve Examiner Name Art Unit	10/555,921 with an effective filing date of May 26, 2004 Frederick Leslie BROWN Maurice L. Williams 3611					
TOTAL AMOUNT OF PAYMENT: \$405.00 Attorney Docket No.								CUNANT 1716US			
METHOD OF PAYMENT (check all that apply)											
						<del></del>					
■ Check	k ☐ Credit Card ☐Money Ord	er □None	Other	(please id	entify):			<del></del>			
■ Depos	sit Account Deposit	Account N	umber	04-0213	_	Deposit Account I	Name: <u>DA</u>	VIS & BL	JJOLD, P.L.	L.C	
For the a	bove-identified deposit accour	nt, the Dire	ctor is he	reby author	rized to: (	check all that apply	)				
	☐ Charge fee(s) indicated be	elow	-		☐ Charg	ge fee(s) indicated b	elow, exce	pt for the	e filing fee		
■ Charge any additional fee(s) or underpayments of fee(s) ■ Credit any overpayments											
	under 37 CFR 1.16										
WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.											
FEE CAL	CULATION									<del></del>	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES											
		FILING F		_4:4	SEARCH	l FEES Small Entity	EXAMIN	ATION FI			
	Application Type	Fee (\$)	Small Er Fee (S		Fee (\$)	Fee (\$)	Fee (\$)	Small E Fee (4		Fees Paid (\$)	
	Utility	330	165		540	270	220	110			
	Design	220	110		100	50	140	70			
	Plant	220	110		330	165	170	85			
	Reissue	330	165		540	270	650	325			
_	Provisional	220	110		0	0	0	0			
2.	EXCESS CLAIM FEES Fee Description Each claim over 20 (including	Reissues	5)				Fee (\$) 52		Small En Fee (\$) 26	<u>tity</u>	
	Each independent claim over	3 (includi	ng Reissu	es)			220		110		
	Multiple dependent claims						390		195		
	<u>Total Claims</u> -20 or HP =	Extra Cla	ims ×	Fee (\$) \$52/\$26	<u>6</u> =	Fee Paid (\$)		Multiple Fee (\$	Dependent )	Claims Fee Paid (\$)	
	Indep. Claims -3 or HP +	Extra Cla	aims x	Fee (\$) \$220/\$	<u> </u>	Fee Paid (\$)					
	HP = highest number of inc	lependent	claims pa	aid for, if g	reater tha	an 3.					
3.	APPLICATION SIZE FEE If the specification and draw 1.52(e)), the application siz 41(a)(1)(G) and 37 CFR	e fee due	ed 100 sl is \$260 (	heets of pa \$130 for s	aper (exclu small enti	uding electronically ty) for each addition	r filed sequ onal 50 she	ence or c eets or fra	computer lis action there	itings under 37 CFR eof. See 35 U.S.C.	
	Total Sheets -100 =	Extra Sh	<u>eets</u> / 50 =	No. of ea	ach addition	onal 50 or fraction d up to a whole nu	thereof Imber) x	Fee (\$) \$270/	<u>\$</u> 135	Fee Paid (\$)	
4.	OTHER FEE(S)									Fees Paid (\$)	
	Non-English Specification,	\$130 fee	e (no sma	III entity di	scount)						
	Other (e.g., late filing surch	arge): <u>Re</u> q	uest for (	Continued	Examinati	on ("RCE")				\$405.00	
SUBMITTED BY											

Registration No. (Atty/Agent) 32,018

Signature

Name (Print/Type)

Michael J. Bujold